EASTERN ZONE ALL STAR SWIM MEET NEW ENGLAND SWIMMING August 11-14, 2004 Erie Community College Flickinger Aquatic Center and University of Buffalo Alumni Arena Pool in Buffalo, NY

CHAPERONE APPLICATION FORM

The 2004 Eastern Long Course Zone Championships will be held at Erie Community College Flickinger Aquatic Center (13-14, 15-18) and at University of Buffalo Alumni Arena Pool (9-10, 11-12) in Buffalo, New York on August 11th – 14th, 2004. This form must be completed and returned to Laura Matuszak by August 1st, 2004 if you wish to be considered for a 2004 Long Course Zone Team Chaperone position. The Zone Head Coach (Laura Matuszak) and the Zone Coordinator (Ray Grant) will select the 2004 chaperones with the assistance of the New England Swimming Board of Directors by August 2nd, 2004.

ZONE TEAM CHAPERONE RESPONSIBILITIES

- 1. Attend scheduled team practices.
- 2. Attend any organizational meetings.
- 3. Actively participate in meet and hotel child supervision. Duties include the around-the-clock supervision of your assigned athletes, enforcement of curfews, enforcement of team trip rules, enforcement of safety rules.
- 4. Attend all team activities, meals, pool sessions and meetings.
- 5. Supervise the team at the pool and coordinate arrival, departure and meal times with the coaches.
- 6. Fulfill New England Swimming timing and officiating responsibilities.
- 7. Assist the coaches as requested.

Schedule

Depart Tuesday, August 10, 2004

Meet Wednesday, August 11 – Saturday, August 14, 2004.

Return Saturday, August 14, 2004 (some chaperones will return after trials on Saturday afternoon, some chaperones will return after finals on Saturday evening).

Mail Application to:

Laura Matuszak, 62 Laurel Hill Drive, South Burlington, VT 05403. lmatuszak@smcvt.edu OR drop off application at the New England verification table at the 2004 Summer Long Course Championship Meets

| Personal Information (p | lease print) | | | | | |
|-------------------------|------------------|-------------|---------|----------|-----|--------|
| NAME: | 1 / | | | | | |
| Last | | First | | | | Middle |
| ADDRESS: | | | | | | |
| Street | | City | | State | Zip | |
| HOME PHONE: | | BUSINESS PH | IONE: | | • | |
| FAX NUMBER: | | TEAM: | | | | |
| E-MAIL ADDRESS: | | | | | | |
| TEAM APPAREL: (S, A | | Shorts | | | | |
| CHAPERONE PREFEI | | | | | | |
| 10 and Under | 13 and Over | | | <u>_</u> | | |
| 11-12 | | | | _ | | |
| MEDICAL CERTIFAT | ION/EXPERIENCE | | | | | |
| TRIP FEE | \$100.00 per cha | | | | | |
| | • | • | Date of | receipt | | |

Please complete the waiver form on the back to this application.

EASTERN ZONE ALL STAR SWIM MEET NEW ENGLAND SWIMMING August 11-14, 2004 Erie Community College Flickinger Aquatic Center and University of Buffalo Alumni Arena Pool in Buffalo, NY

Waiver of Liability

I hereby release New England Swimming, together with their operators, agents, employees, consultants, and instructors from any and all claims from injury or damage that may be sustained by me during participation in the Eastern Zone Age Group All Star Swimming Competition.

I represent hereby that I am in good health and capable of participating on the New England Zone Team and will not do anything which will injure myself or others while engaged in the programs. I will hold New England Swimming harmless in connection with my participation.

| P | P | | 1 |
|-----------|---|--|---|
| | | | |
| Signature | | | |
| Date | | | |

representatives permission to obtain medical attention and/or required treatment.

If an accident or injury occurs, I will give New England Swimming or their